

kyhealthnow Oversight Meeting

August 5, 2015

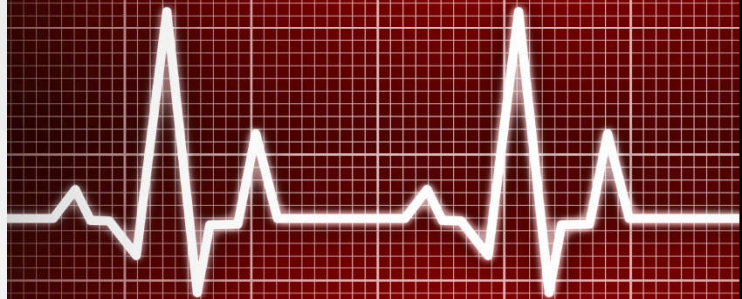


kyhealthnow

advancing our state of wellness

Smoking Cessation

THE IMPACT OF SMOKING BAN ON STATE
GROUNDS IN EXECUTIVE BRANCH



KEHP Smoking Cessation Resources and Support

Nicotine replacement therapies at no cost

Members can get over-the-counter nicotine replacement therapies at no cost if members meet **all** of the following requirements.

Must be:

- A member of the Kentucky Employees' Health Plan (KEHP).
- A tobacco user, 18 years old or older and listed as a tobacco user on the KEHP health insurance form.
- Attending all regularly scheduled sessions for an approved program to quit tobacco — either the Cooper-Clayton Program, the Freedom From Smoking Program or Quit Now Kentucky program.

KEHP Smoking Cessation Resources and Support

Cooper-Clayton Program – Smoking Cessation

This 13-week program combines nicotine replacement products with education, skills training and social support. Classes consist of 13 sessions.

Visit kcp.uky.edu/CC.html or call **1-606-784-6458**

Freedom From Smoking

The Freedom From Smoking® group clinic consists of eight sessions. It is delivered by an American Lung Association trained facilitator in a small-group setting (usually 8–10 people).

Each clinic session uses techniques based on pharmacological and psychological principles and methods designed to help smokers gain control over their behavior.

Quit Now Kentucky Tobacco Cessation – Smoking and Tobacco Cessation

This phone-based service provides one-on-one help from a trained tobacco cessation counselor. To learn more, call **1-800-QuitNow** (1-800-784-8669). If you use a TTY, call **1-888-229-2182**.

KEHP Smoking Cessation Resources and Support

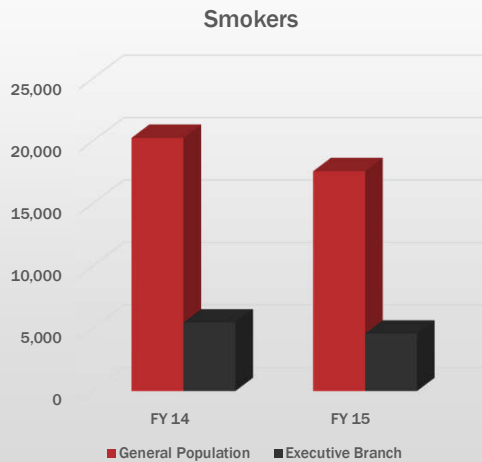
HumanaVitality® Health Coaching Program

This program provides one-on-one help from a coach so members can design a program that works with their lifestyle and meets their individual needs. The plan will include ways to lower dependency on smoking and tobacco, how to quit, how to manage withdrawal symptoms and how to deal with cravings.

▪ Anthem's Quitter In You (effective January 1, 2015)

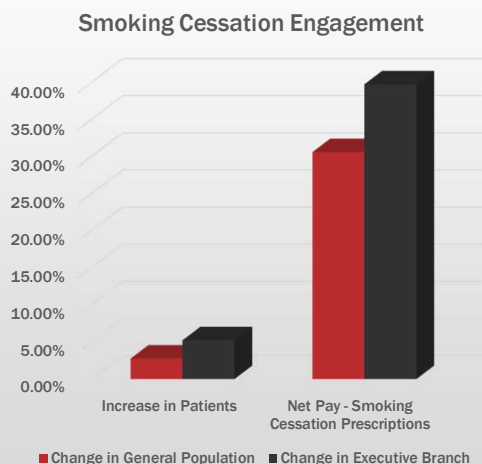
Anthem Blue Cross and Blue Shield has partnered with quitterinyou.org to provide personalized tools, tips and live chat support. Members get one-on-one help from registered nurses, respiratory therapists and trained smoking cessation counselors.

Self-Reported Smokers in KEHP



- From Fiscal Year '14 (June 1, 2013 - June 30, 2014), to Fiscal Year '15 (July 1, 2014 - June 30, 2015):
 - The number of smokers in the general population decreased by 13.15%
 - The number of smokers in the Executive Branch decreased by 16.12%
 - Thus, the rate of change of smokers in the Executive Branch is greater than that in the general KEHP population.

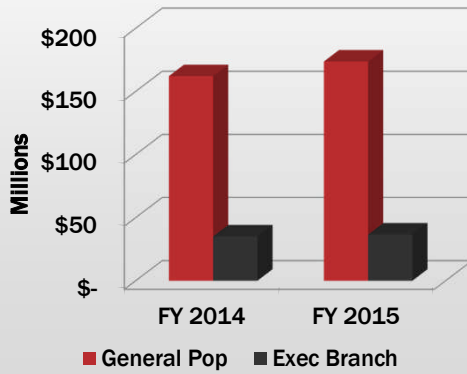
Smoking Cessation Prescriptions



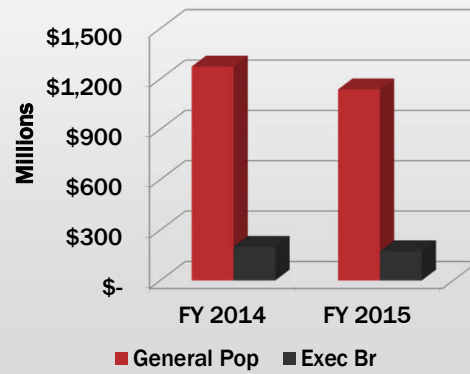
- KEHP Expanded Coverage for Smoking Cessation Medication
- More than \$1.1 million in Net Pay RX for smoking cessation medications in fiscal year '15.
- Increase in smoking cessation prescription payments greater with Executive Branch.
 - Overall population = 30.59% increase
 - Executive Branch = 39.73% increase
- Increase in smoking cessation RX participants greater with Executive Branch.
 - Overall population = 2.75% increase
 - Executive Branch = 5.22% increase

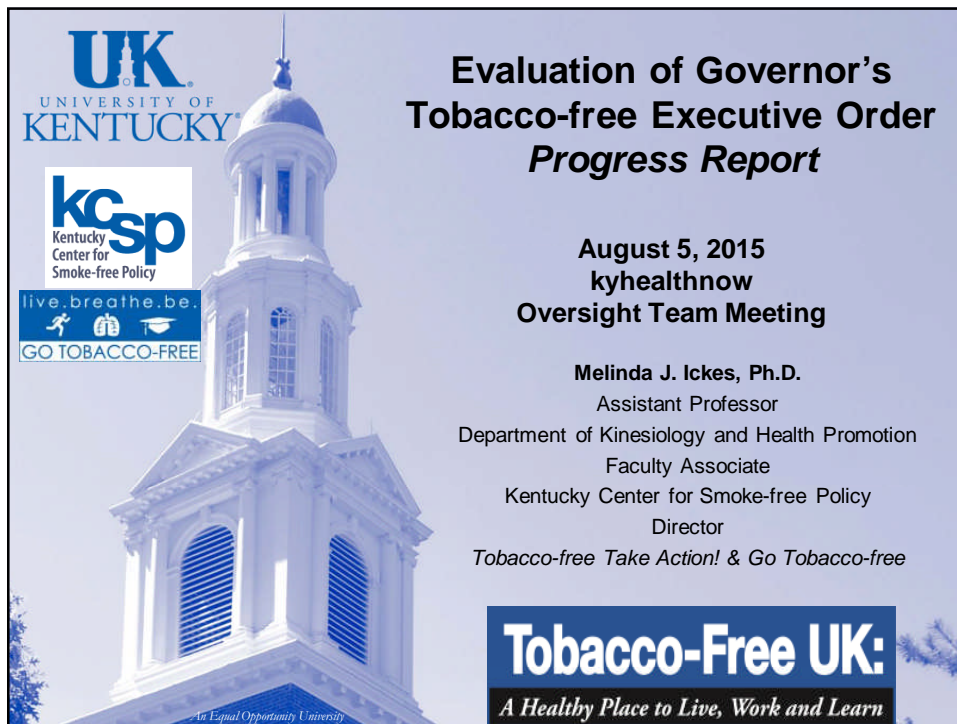
Quitting Leads to Lower Claims Cost

Smoker Claims Cost Increase = 7.14%



Nonsmoker Claims Cost Decrease = 10.68%





UK
UNIVERSITY OF
KENTUCKY

kcsp
Kentucky
Center for
Smoke-free Policy

live.breathe.be.
GO TOBACCO-FREE

Evaluation of Governor's Tobacco-free Executive Order *Progress Report*

August 5, 2015
kyhealthnow
Oversight Team Meeting


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Faculty Associate
Kentucky Center for Smoke-free Policy
Director
Tobacco-free Take Action! & Go Tobacco-free

Tobacco-Free UK:
A Healthy Place to Live, Work and Learn

UK
UNIVERSITY OF
KENTUCKY

OUTLINE

- ☐ Purpose of the Evaluation
- ☐ Methods
- ☐ Timeline
- ☐ Primary Outcomes



see blue.
in everything we do.



PURPOSE

Determine the impact of Kentucky Governor Steve Beshear's Executive Order 2014-747, which prohibits the use of all tobacco products on property controlled by the Executive Branch of the Commonwealth of Kentucky.



METHODS

- Pre-Post policy design
- Link to online survey distributed via email by the Personnel Cabinet to 27,000 state employees
- Follow-up email sent one week after initial email
- All survey responses anonymous - no identifying information collected from survey participants
- Data will be reported in aggregate for summary purposes



TIMELINE



Nov. 2014 –
Executive
Order
implemented

March 2015 –
Survey 1

Aug. 2015 –
Survey 2

Dec. 2015 –
Final report



PRIMARY OUTCOMES

- Tobacco use
- Quit attempts and intention to quit
- Adherence to the tobacco-free policy
 - Tobacco users' self-report
 - Perceptions of others





SAMPLE SURVEY ITEMS: TOBACCO USE

- When was the last time you smoked a cigarette?
- During the last 30 days, how many cigarettes did you smoke on a typical day when you smoked cigarettes (1 pack = 20 cigarettes)?



SAMPLE SURVEY ITEMS: TOBACCO USE

- Questions were asked regarding the **following tobacco products**: hookah or waterpipe; cigars, cigarillos, or little cigars; chewing tobacco, snuff, snus, or dip; electronic cigarette (e-cigarette, vape pen, hookah pen); other type of tobacco product.
- **Example:** Have you used an electronic cigarette (e-cigarette, vape pen, hookah pen) in the last 30 days?





SAMPLE SURVEY ITEMS: QUIT ATTEMPTS

- Which of the following best describes your plans to quit smoking?
 - I am not thinking about quitting in the foreseeable future
 - I am thinking about quitting in the next 6 months
 - I plan to quit in the next 30 days
 - N/A - I do not currently smoke



SAMPLE SURVEY ITEMS: ADHERENCE TO POLICY

- ***Tobacco user's self-report:*** In the past 7 days, I have smoked cigarettes at my worksite.
- ***Perception of adherence:*** In the past 7 days, I have seen someone (not including myself) smoking cigarettes at my worksite.





"By 2025, 500 million people worldwide will die of tobacco-related disease...that is a 9/11 every two hours for 21 years."

~C. Everett Koop

March 2004



CONTACT US

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KENTUCKY

An Update From Kentucky Medicaid *Pre & Post Expansion*

Early Returns for



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Chief Medical Officer
CABINET FOR HEALTH & FAMILY SERVICES
Department for Medicaid Services

Robin Rhea
Policy Advisor
CABINET FOR HEALTH & FAMILY SERVICES
Office of the Secretary

August 5, 2015

Historical Look Back



July 30, 1965

President Lyndon B. Johnsons signing SSA establishing Medicare and Medicaid

LIFE In Kentucky: 1964

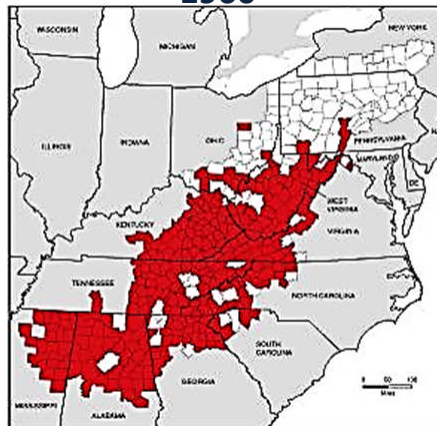


3

Poverty

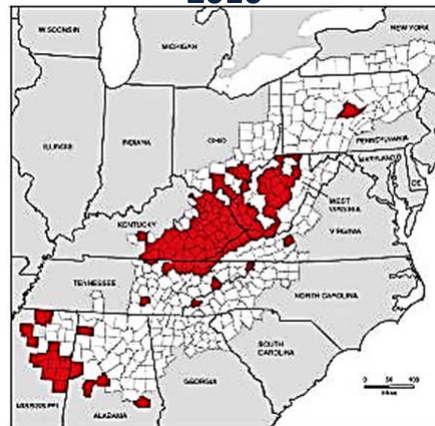
"High-Poverty" Counties

1960



296 High-Poverty Counties

2010



116 High-Poverty Counties

Data Source: Office of Economic Opportunity data from U.S. Dept. of Agriculture, Economic Research Service, 1995.

4

(Counties with Rates At Least 1.5 Times the U.S. Average)

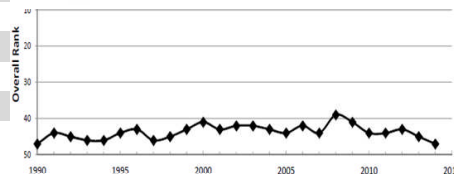
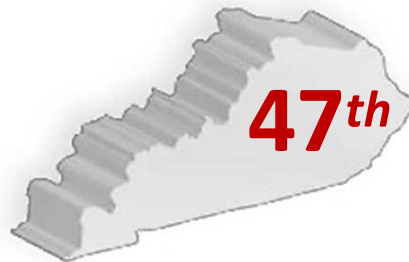
50 Years Later...



5

How Are We Doing?

	KENTUCKY RANK
POOR MENTAL HEALTH DAYS	50
CANCER DEATHS	50
PREVENTABLE HOSPITALIZATIONS	50
CHILDREN IN POVERTY	50
SMOKING	49
DRUG OVERDOSE DEATHS	48
POOR PHYSICAL HEALTH DAYS	47
OBESITY IN ADULTS	46
PREMATURE DEATH	44
CARDIOVASCULAR DEATHS	43
PHYSICAL INACTIVITY	42
LOW BIRTHWEIGHT	38
DIABETES IN ADULTS	33



**America's Health Rankings
2014**

Definition



“**HEALTH** is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

WHO, 1946

Preamble to the Constitution of the World Health Organization
as adopted by the International Health Conference,
New York, June, 1946

7

A New Day



Signing of The “Affordable Care Act”

8

What Is Our Objective



National
Quality
Strategy



**Triple
Aim**

Where to...



**How will we
“*move the needle*”
In Kentucky?**

Our Governor's Leadership



"Poor Health
turns lives upside down"

"There is a direct line
from poor health to almost
every challenge Kentucky faces"

"For Kentucky to improve its
competitiveness and capacity, we
must address this weakness...
*AND incremental improvements
are not enough*"

"*BIG PROBLEMS* Require *BIG SOLUTIONS*,
And that means.....*BIG CHANGES!*"

Governor's Health Initiative



kyhealthnow

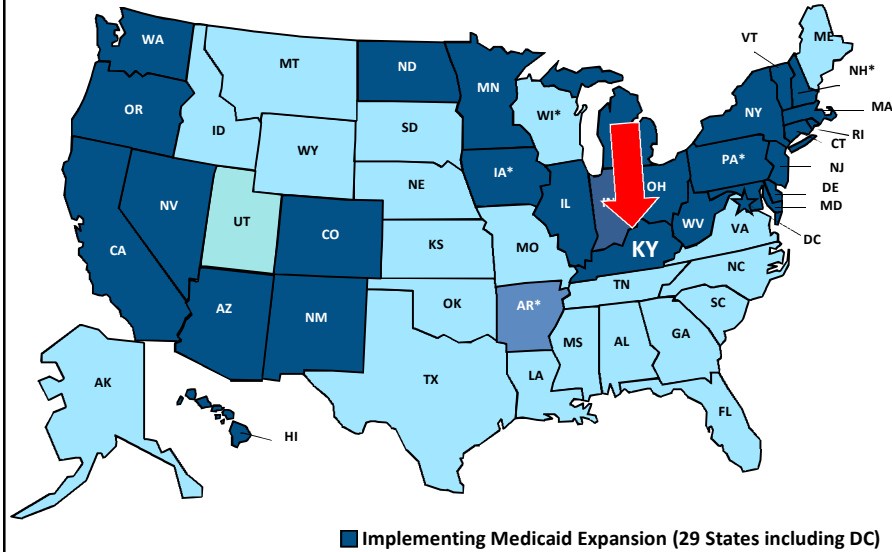
advancing our state of wellness

FULL IMPLEMENTATION OF OPPORTUNITIES AVAILABLE IN THE ACA

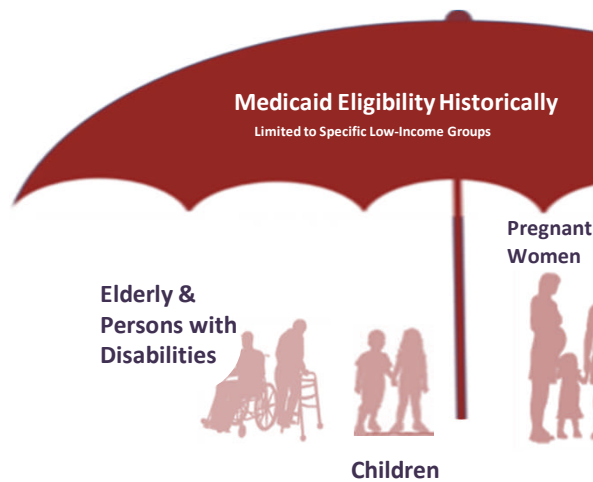
ACA Adoption



Medicaid Expansion

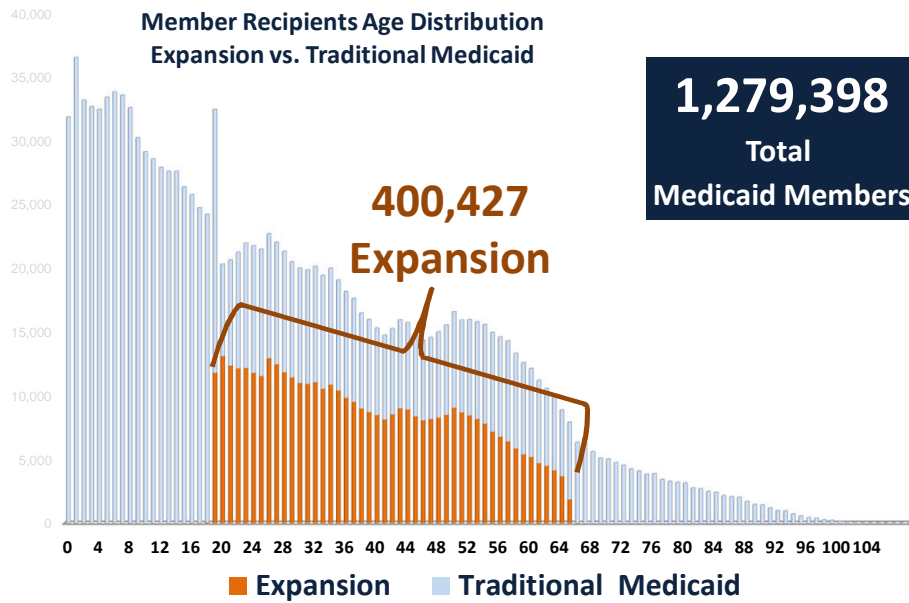


Impact...



*138% FPL = \$16,105 for an individual and \$27,310 for a family of 3

Changing Demographics



The Faces of Medicaid Expansion

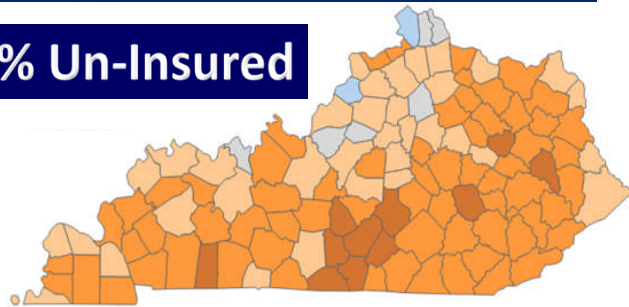


ACA Impact In Kentucky

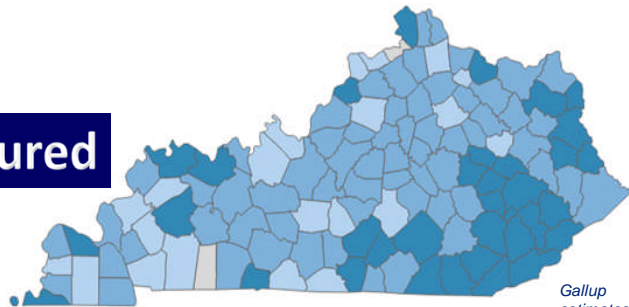


> 20% Un-Insured

- Less than 5%
- 5% to 8%
- 8% to 11%
- 11% to 14%
- 14% to 17%
- 17% to 20%
- More than 20%



< 10% Un-Insured



Gallup
estimates

Governor's Health Initiative



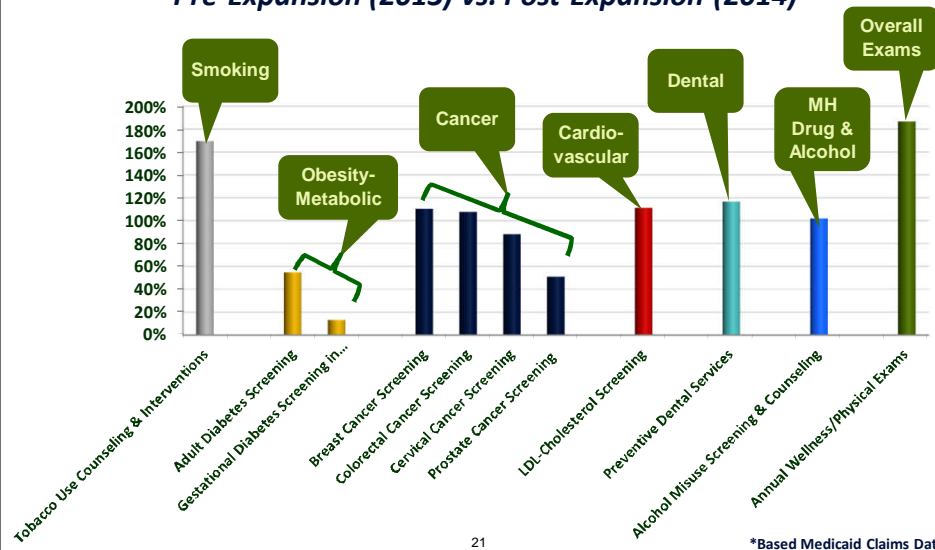
Goals

- ✓ Reduce Kentucky's rate of uninsured individuals to less than 5%
- ✓ Reduce Kentucky's smoking rate by 10%
- ✓ Reduce the rate of obesity among Kentuckians by 10%
- ✓ Reduce Kentucky cancer deaths by 10%
- ✓ Reduce cardiovascular deaths by 10%
- ✓ Reduce the % of children with untreated dental decay and increase adult dental visits by 10%
- ✓ Reduce deaths from drug overdose by 25% and reduce the average number of poor mental health days of Kentuckians

Overview of Selected Preventive Services



Relative *Increases* in number of Medicaid screenings
Pre-Expansion (2013) vs. Post-Expansion (2014)

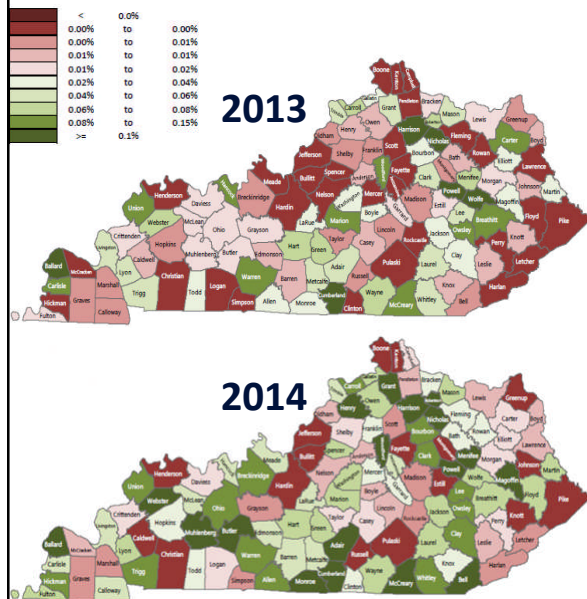


21

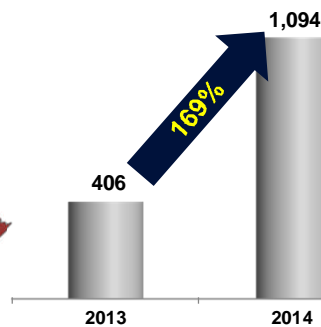
Adult Tobacco Counseling



Tobacco Use
Counseling & Interventions



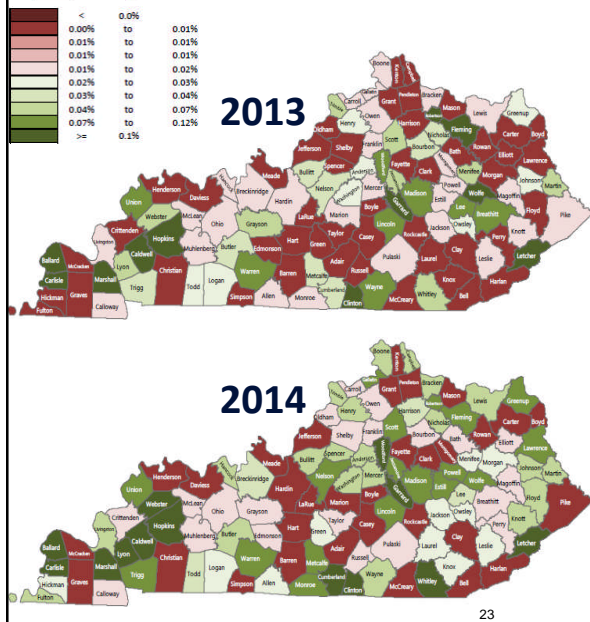
688
More Received
Preventive Services



*Based Medicaid Claims Data

22

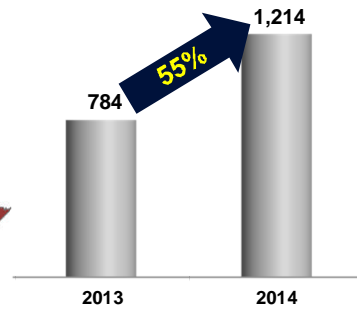
Adult Diabetes Screening



Adult Diabetes Screening

430

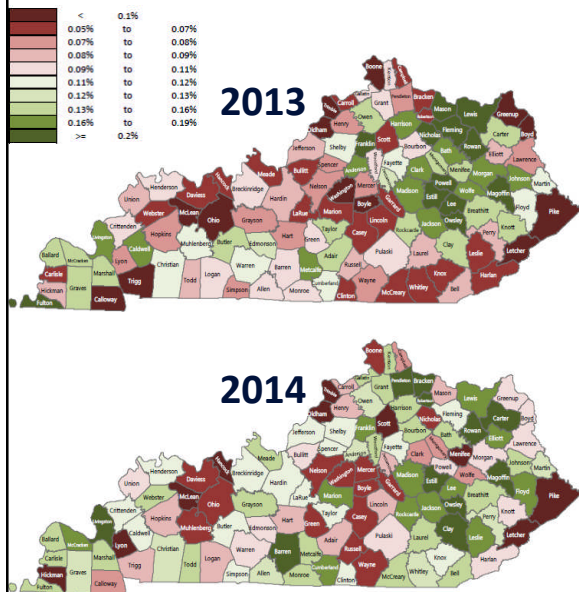
More Received
Preventive Services



*Based Medicaid Claims Data

23

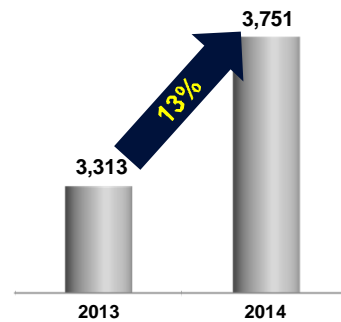
Gestational Diabetes Screening



Gestational Diabetes Screening in Pregnancy

438

More Received
Preventive Services



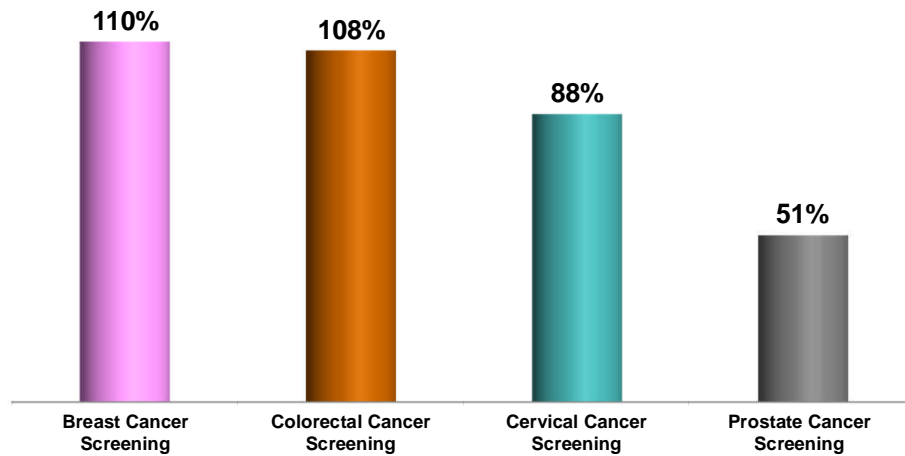
*Based Medicaid Claims Data

24

Cancer Screening



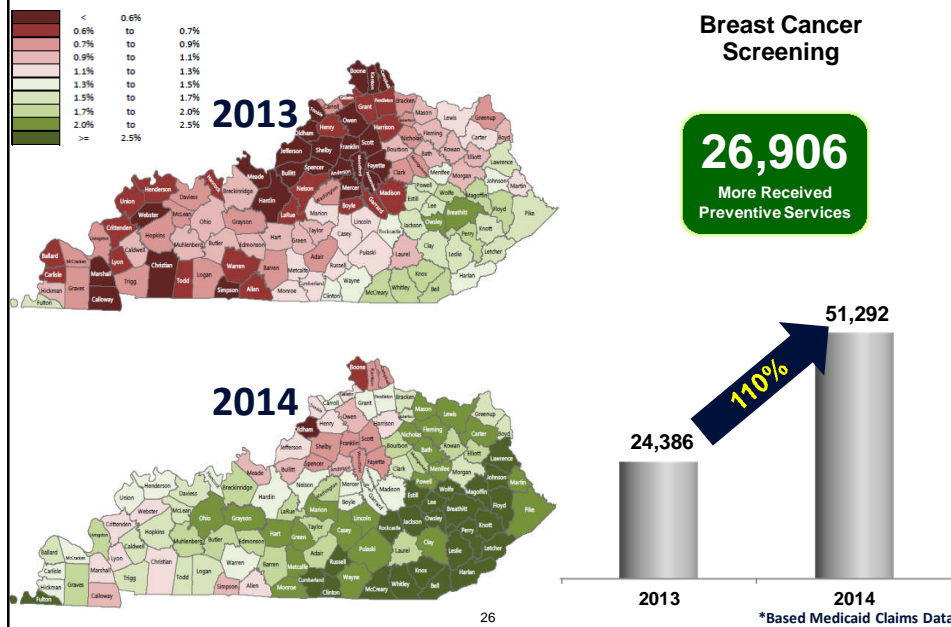
Relative *Increases* in number of Medicaid screenings of selected Cancers
Pre-Expansion (2013) vs. Post-Expansion (2014)



25

*Based Medicaid Claims Data

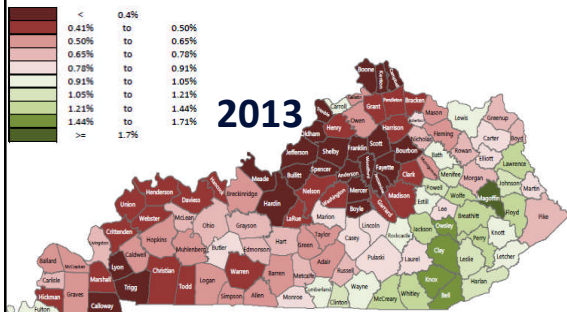
Breast Cancer Screening



26

*Based Medicaid Claims Data

Colorectal Cancer Screening



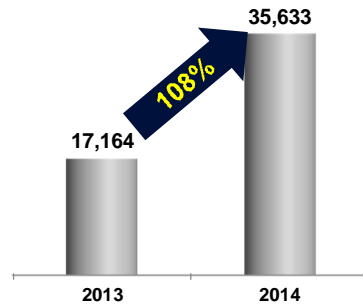
2013

Colorectal Cancer Screening

18,469
More Received
Preventive Services



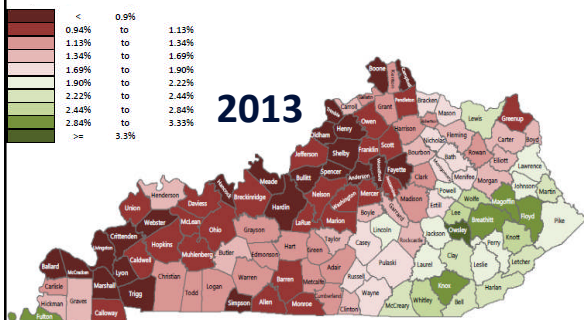
2014



*Based Medicaid Claims Data

27

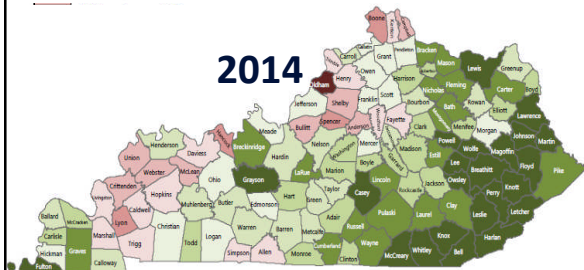
Cervical Cancer Screening



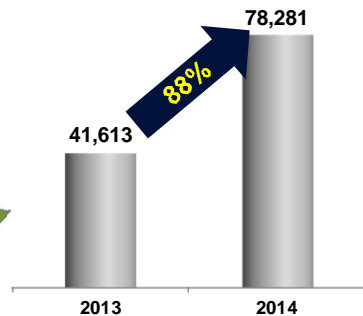
2013

Cervical Cancer Screening

36,668
More Received
Preventive Services



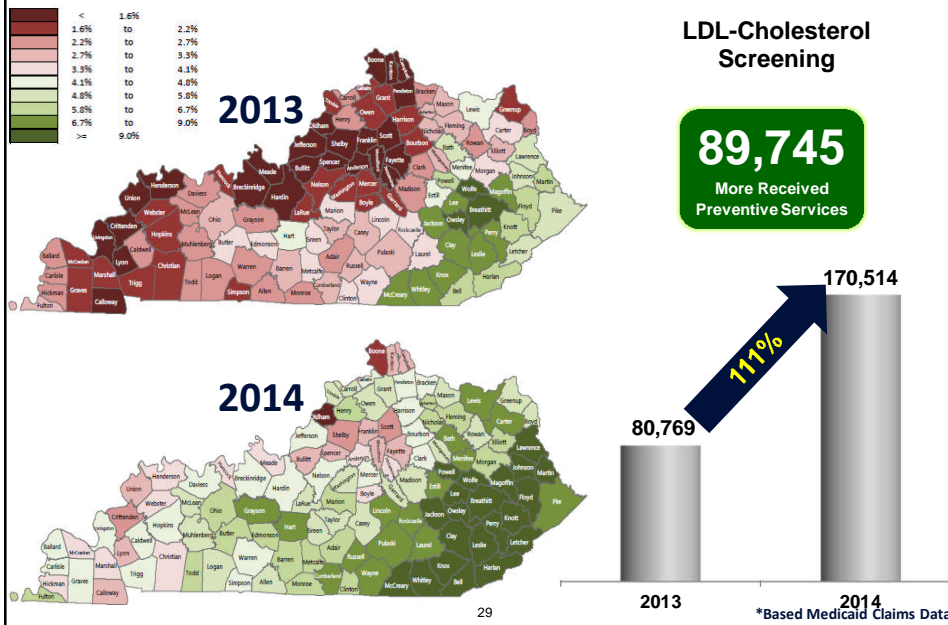
2014



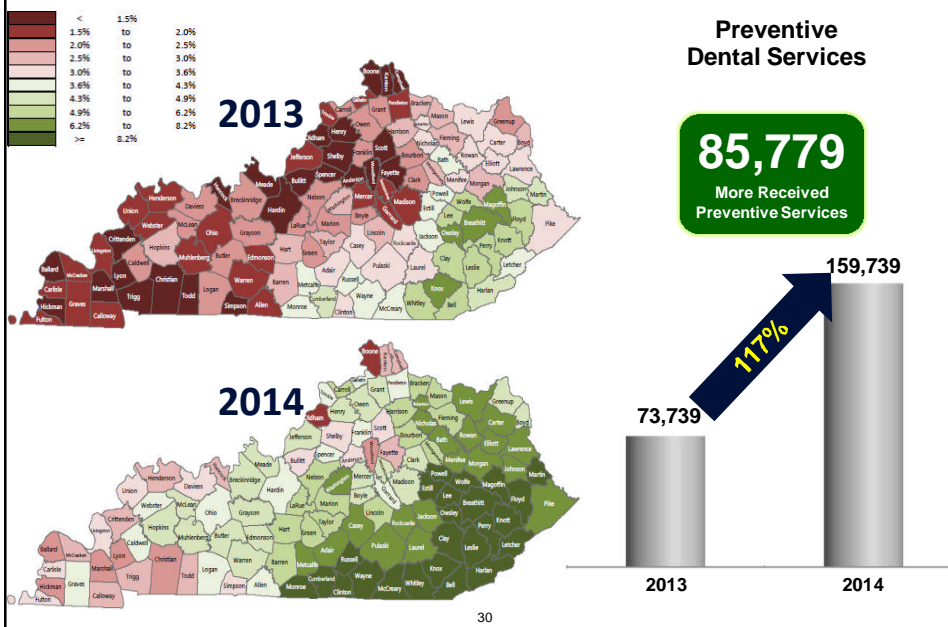
*Based Medicaid Claims Data

28

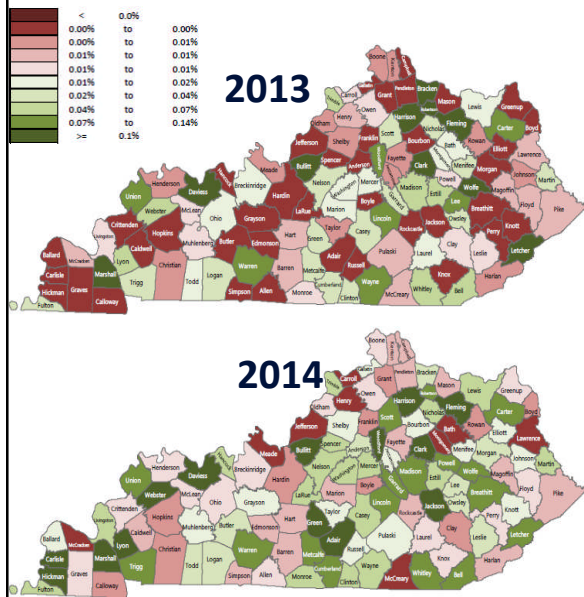
Adult LDL-Cholesterol Screening



Adult Preventive Dental Visits



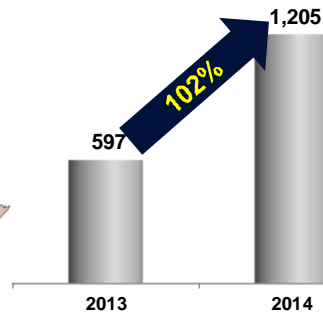
Adults With Alcohol Screening or Counseling



Alcohol Misuse Screening & Counseling

608

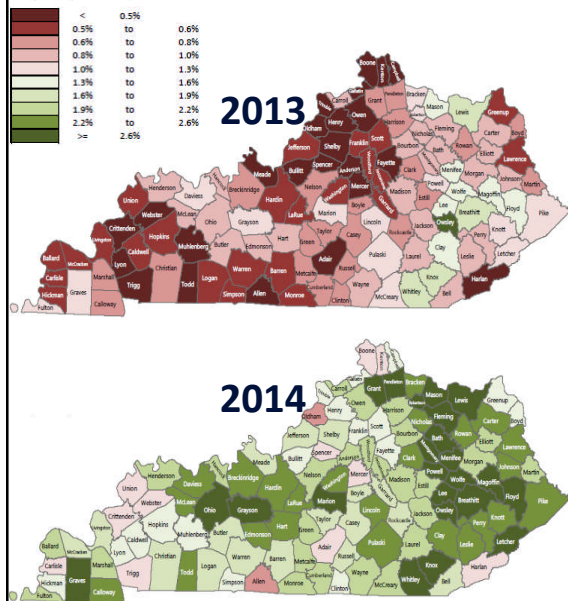
More Received Preventive Services



*Based Medicaid Claims Data

31

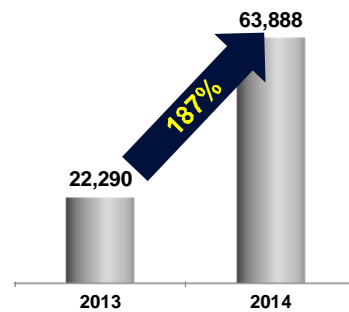
Annual Wellness Exam



Annual Wellness/Physical Exams

41,598

More Received Preventive Services



*Based Medicaid Claims Data

32



*Thank You for
Listening*



QUESTIONS

Louisville Syringe Exchange Program

A proven strategy to reduce the spread of HIV and other blood borne disease in our community



Louisville Metro Department of Public Health and Wellness

Why Did Louisville Establish a Syringe Exchange Program?



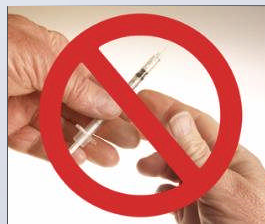
Austin Indiana – 35 miles from Louisville – has had 175 new HIV cases this year as a result of needle sharing among people who inject drugs.

- In a city the size of Louisville that would proportionately mean more than **31,000** new HIV cases
- In a state the size of Kentucky that would proportionately mean almost **184,000** new HIV cases



Evidence-based intervention to prevent the spread of HIV, hepatitis C and other blood borne diseases.

- The number of HIV cases linked to intravenous drug use dropped by **80 percent** in Washington D.C. from 2007 to 2011
- Needs based exchange policies result in over 40% reduction in syringe borrowing over one-for-one exchanges
- A survey conducted in 2012 of the 192 syringe exchange programs across the country indicated that 84% encouraged or allowed a secondary exchange (needs based) syringe distribution model.

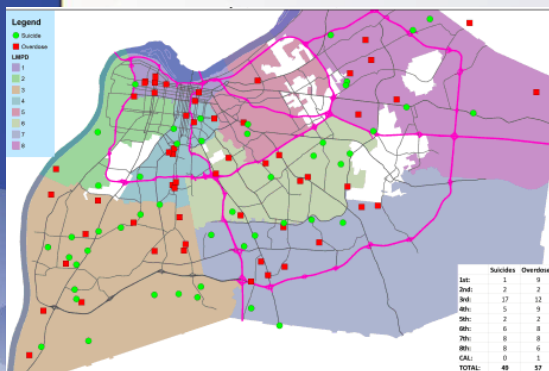


Syringe exchange programs can prevent mother-to-baby HIV transmission.

- Many women who do not use drugs are at risk for HIV because they are sexual partners of injection drug users.
- KY hospitalizations for drug-dependent newborns increased from 28 in 2000 to 824 in 2012.
- Hospital charges for drug-dependent babies in KY in 2013 was \$40.2 million.



Jefferson County has more drug overdose deaths and more deaths in which heroin is detected than any other county in Kentucky.



For 2013:

- 191 drug overdose deaths,
- 105 overdose deaths due to heroin

For 2015:

- 80** overdose deaths, through Aug 3

EMS Narcan Interventions

- 2,863** Jan 2014-June 2015



Syringe exchange programs connect addicted individuals to testing, counseling and treatment.

- SEP's bring drug addicted individuals in contact with the health system where they can be **tested** for HIV and hepatitis and, if positive, be treated.
- Syringe exchange programs make drug **treatment options** known to addicted individuals
- Studies show that program participants are **five times** more likely to enter drug treatment than IV drug users who did not participate in syringe exchange programs.



Key Facts about Louisville Metro's Syringe Exchange Program



Louisville Metro Department of Public Health and Wellness

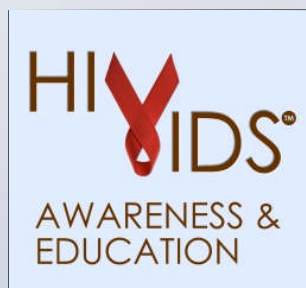
Louisville Metro Syringe Exchange Program



- UNANIMOUSLY approved by:
 - Louisville Metro Council and
 - Louisville Metro Board of Health.
- Operates out of a non-mobile unit adjacent to its headquarters on Gray St.
- A certified alcohol and substance abuse counselor provides staffing for the site.
- The Seven Counties Services, Inc., Jefferson Alcohol and Drug Abuse Center (JADAC) has assigned a full time addictions treatment case manager
 - Works with participants on drug treatment options
 - Makes treatment referrals.

The Louisville Metro Syringe Exchange provides

- Free syringes
- HIV testing and prevention supplies
- Education and referrals regarding addiction treatment, hepatitis C transmission, sexually transmitted diseases, wound care, and proper syringe disposal
- Sharps containers to safely return used syringes
- Provides naloxone on-site and referrals for the take home use of naloxone.



The program is working! In its first seven weeks of operation the Louisville Metro Syringe Exchange Program has:

- 337 participants
- Tested 53 people for HIV
- Referred 21 people for drug treatment
- Prevented new HIV and Hep C cases



Contact Info

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